

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Curry.

CERTIFICATE OF DEATH

Died at <u>Laurel</u> Town		County <u>Springs</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>27</u>	Years <u>45</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>	
Occupation <u>Dystoman</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Billy Gray

CAUSES OF DEATH

Primary

Aprophyx.



How long

Immediate

Blood clot on Brain

How long

Are the name, age, sex, color, date and place correctly given above?

Yes so

Signature of Physician

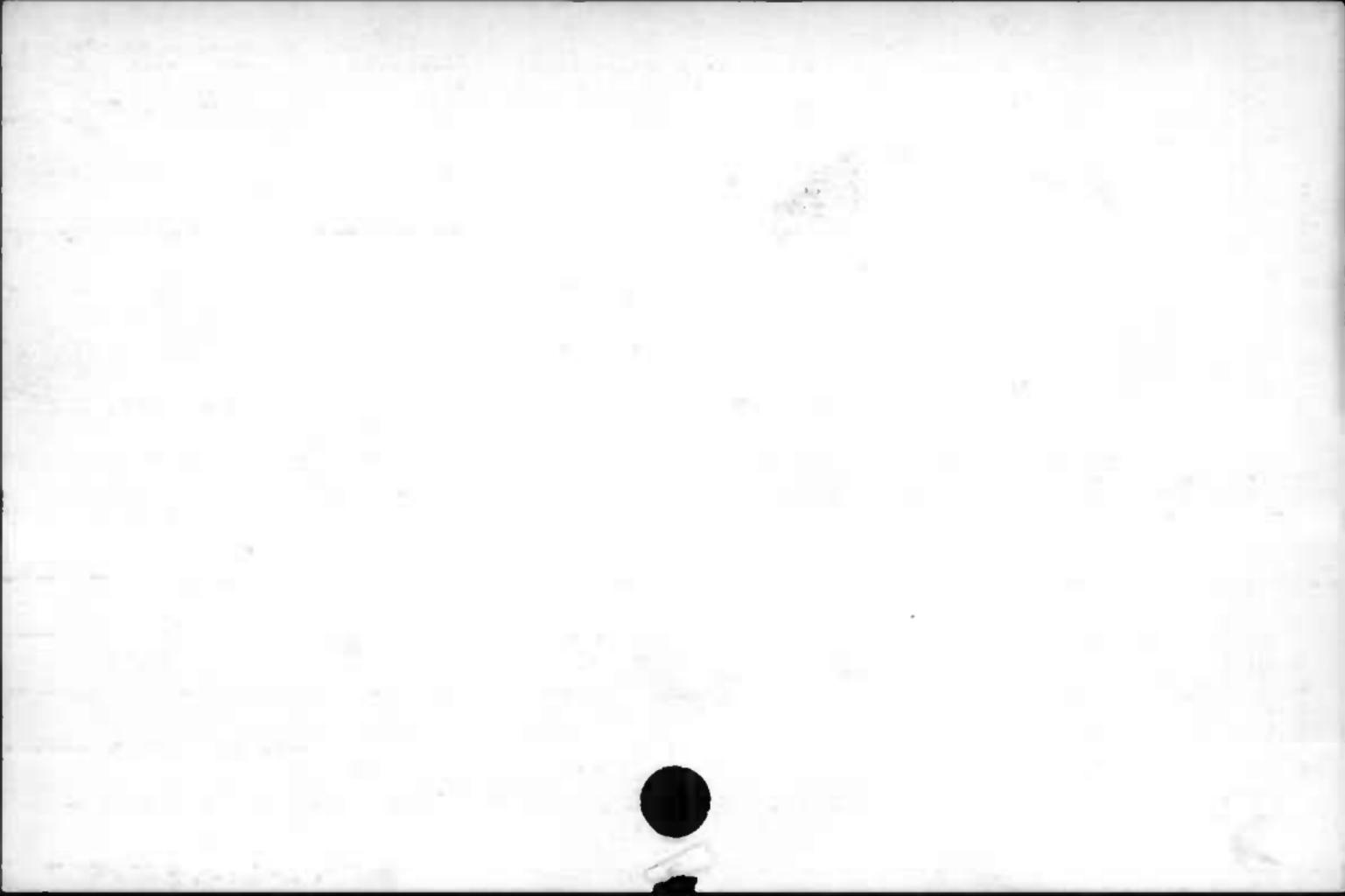
J. O. Kliney.

Address

*Detrolite
Md..*

for as I think

Accident or Suicide?



Name
in
Full

Mary E Lynch

TO BE ANSWERED BY
NEAREST FRIEND

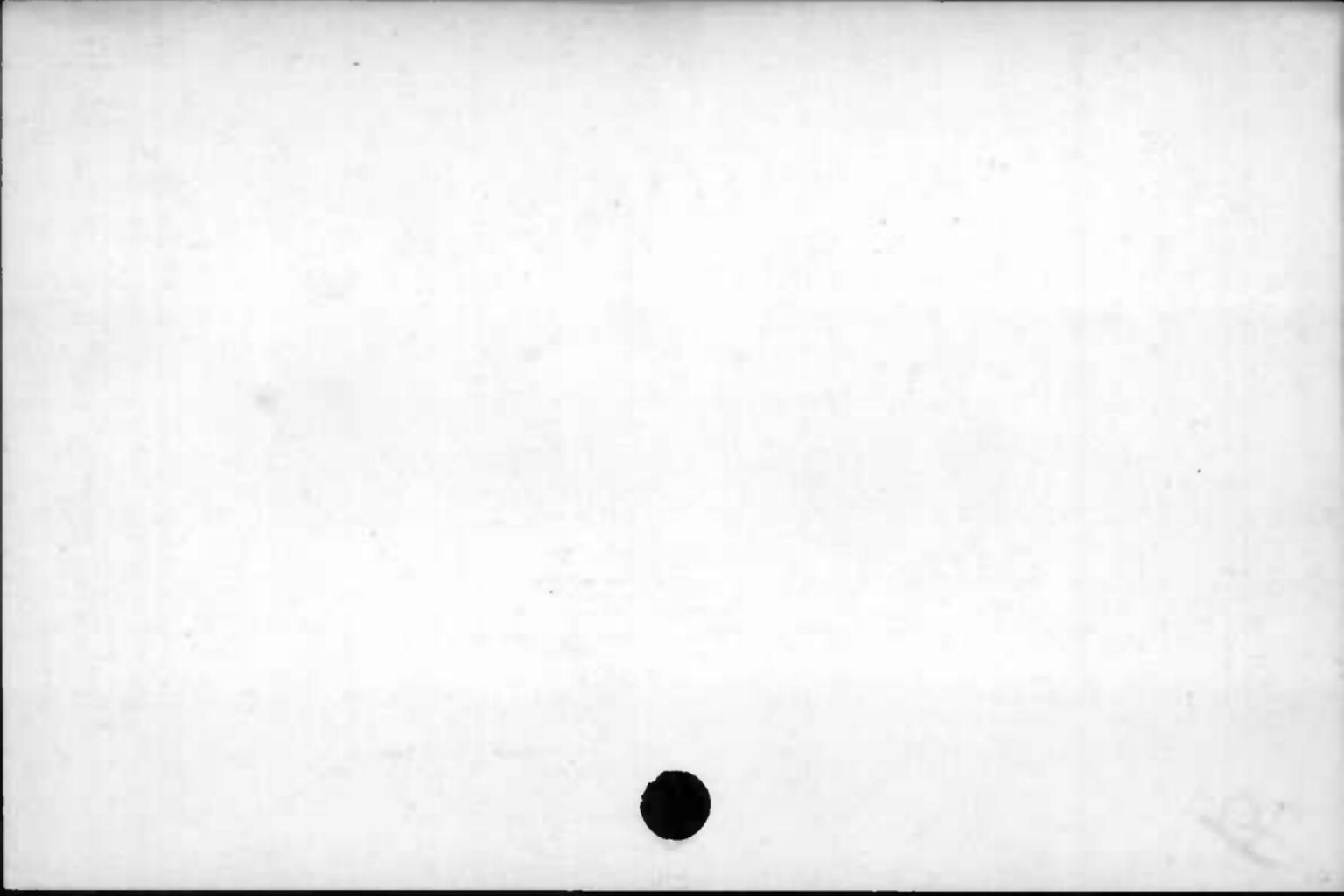
CERTIFICATE OF DEATH

Died at <u>Leonardtown</u>		Town	<u>St Marys</u>	County	MARYLAND	
Date of death <u>1906 Nov</u>	Month <u>Nov</u>	Day <u>15</u>	Years <u>41</u>	Age <u>41</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thos Lynch</u>					
Father's Name <u>J.A.B Shumard</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>M.D. Sammons</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Thos Lynch</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORoner

Primary <u>Meningitis</u>	How long <u>135</u>	How long <u>Inhaler</u>
Immediate <u>Hemorrhage</u>	How long <u>135</u>	How long <u>Inhaler</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. Lynch + Son</u>	Address <u>Leonardtown Md</u>
Accident or Suicide? <u>0</u>		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clarence H Townsend

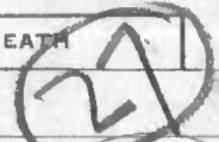
CERTIFICATE OF DEATH

Died at Ridge		Town	St Marys		County	MARYLAND	
Date of death 1906 Nov	Month 24	Day	Age 34	Years	Months	Days	
Sex Male	Color or Race white			Birth-place	Maryland		
Married, Single or Widowed Married		Occupation Clerk					
Name of Wife or Husband Ella Townsend							
Father's Name Dr. J. K. Roper				Father's Birthplace Md			
Mother's Maiden Name Martha Smith				Mother's Birthplace Md			
Name of person giving information L Clark				How related to deceased Father-in-law			

CAUSES OF DEATH

Primary

Tuberculosis



How long

Six months

Immediate

E. Houston

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Peoyer

Ridge

Accident or Suicide?

